O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 may be retained by the hospital or attending physician.

VR A15 (1) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely, filled adjector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 73

within 72 hours after deoth

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5474

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H			(Where deceosed lived, if institution: Resid	lence before odmission)
o. COUNTY Howar	d	MARYLAND	o. STATE	b. county Howard	
b. CITY OR TOW	N (If outside corporate limits,	C. LENGTH OF STAY IN 16		outside corporote limits, write RURAL and g	nive neorest town)
write RURAL	and give neorest town)		Ellicott		13.1
d. NAME OF HO	SPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Bethan	y Lane		Bethany	Lane	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	<u>Lillian</u>	V. Falter	Lost	4. DATE Month OF NOV. 8	Doy Year 19 67
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
F	Wh w	VIDOWED XX DIVORCED	1/25/03	last birthdoy) Months	Doys Hours Min.
during most of work	10N (Give kind of work done ing life, even if retired) one Uperator	10b. KIND OF BUSINESS OR INDUSTRY C & P Telephone	,	ty & Stote, or foreign country) 12.	COUNTRY A
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
		Dirsey			
15 WAS DECEASED	EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
	(If yes give wor or dotes of ser	vice) Vermin	Bethany Lan	waters e-Ellicott City, Mo	d.
1B. CAUSE OF	DEATH (Enter only one couse p	er line for (a), (b), ond (c).)	1		INTERVAL BETWEEN
PART 1. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	Cardia tal	1440		ONST AND DEATH
477	DUE TO		/		
Conditions, if	ony, which gove) (b)	Chronic Melol	andio de	cence	6 mos
rise to immed	liote couse (o),	A les my	10201	1000	1
stoting the unless.	nderlying couse (c)	An terrosclarota	Carlo	- Vuscular Cises	1045
PART II. OTHE	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
OR CONTRIBUT					PERFORMED? YES NO IN
S ACCIDENT	WAS UNDERLYING [7]	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury is	Port I or Port II of item 19	113 110 13
OR CONTRIBUT	NG CAUSE OF DEATH	200. DESCRIBE HOW INJOK! OCCURRED.	(title) itolore of injury it	in toll 1 of roll il of hell 16.)	
I UL CHUEK, NO	IFY MEDICAL EXAMINER)				
20c. TIME OF Hour	INJURY Month, Doy, Yeor o.m. p.m. 19		CE OF INJURY (Home, for tory, street, office bldg., et		County) (Stote)
21. I ce	rtify that (1) Ythis haspita) attended the deceased fram_	1-26	19 CO, to 11-8, 19	that (I) (we) las
	deceased alive an//			at 7:45A-M, fram causes and an	
22o. SIGNATU	RE	201		22b.	DATE SIGNED
0	samus &	7. Herbert M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	1-8-67
22c. PHYSICIA NAME (T		bert, n.D.	22d. ADDRESS LLChu	arch Road , Pligoty	Chy Ma
23o. BURIAL, CREM	ATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Spe		7 New Cathe	dral Cem-	Balto., Md	. ,,
24. FUNERAL DIRE		ADDRESS		C'D BY REGISTRAR2Sb. REGISTRAR'S	
	F. D 4101 E		DATE	IDV 1 0 1967 /Cus	res judge

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15475 CERTIFICATE OF DEATH 15478 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) RURAL and give negrest town) e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) paper 2 ON A FARM YES NO NAME OF DATE Doy Year carbon DECEASED OF November 19 67 28 Dorothy Knight Anderson AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Months Doys WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? NURSE URSIN 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSEL AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Cachexia IMMEDIATE CAUSE (o) signed by DUE TO Adenocarcinoma of left ovary with ab-Conditions, if ony, which gove months dominal metastases and ascites rise to immediate couse (a), DUF TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While be retained by 1967, toNovem 28, 1967, that (I) (We) last 21. I certify that (1) (**SKOROZE*) attended the deceased fram Feb. 10 saw the deceased alive an Nov. 27 19 67, and that death accurred at 4:30PM, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. raths 5- What al Nov. 29, 1967 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) x Clarksville, Md. 21029 Charles S. Whitaker, M.D. director, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) URIA 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATEDEC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15476 15477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLANO delay and 3 A3. Po c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State YES NO X in pencil in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE Lost Month Dov Year DECEASED 196 DEATH (Type or print) with S. SEX 9. AGE IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months bigthdoy) Doys Hours 72 hours after death WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? House Wife 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service) event within 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and INTERVAL BETWEEN Chief ! burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward DUE TO any Conditions, if ony, which gove 0 rise to immediate couse (a), 5 DUE TO stoting the underlying couse forwarded and PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS! remayal, PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I 5 CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inquiry Inspection and in my apinian Natural causes director. death resulted from: Accident Suicide Homicide : Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) **BURIAL, CREMATION.** DATE THEREOF NAME OF CEMETERY OR (REMATOR) 23d. LOCATION (City or Town) (County) REMOVAL (Spicify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15478 15477 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Howard b. CITY OR TOWN THE Ward MARYLAND be executed within 24 haurs after outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 44 Old Annapolis Rd. 44 Old Annapolis Rd. YES NO T NAME OF Middle Lost 4. DATE Month Year remove carbon DECEASED Nelson November 1067 Eleanor C (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last highday) 12/12/88 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Supervisor-retired Dept. Pub. Welfare Maryland COUNTRY? ATTENDING PHYSICIAN: The law requires that the death certificate USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Richard Nelson Eleanor Cuddy 16. SOCIAL SECURITY NO. 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknown) (If yes give wor or dotes af service) 220-44-5634 Miss Mary Belle Nelson INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the haspital or attending physician. DUF TO Canditions, if any, which gove rise to immediate couse (o), stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate has NO V 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) while at work Not While Haur o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 1966 Page 4 may be retained directar, page 3 shauld shauld be filed with the saw the deceased alive an 12:01 AM 1967, and that death accurred at Mar 2 M, fram causes and an the date stated above TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 111 Colombia Rd. NAME (Type) Dr. Robert Taylor 230. BURIAL, (REMATION, REMOVAL (Specify) BUTIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Md. 11/4/67 Baltimore Loudon Park Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 21229 Howard H. Hubbard, 4107 Wilkens Ave. Ocharles DATE NOV 6

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1 -5		TE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 F 8 M D	NER'S CERTIFICATE OF DEATH	15478
Page ent of Page HEALTH DELT!	1. PLACE OF DEATH a. COUNTY MAR	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE b. COUNT Maryland	nn: Residence before odmission) Residence before odmission Baltimore Howard/
de de M3.	b. CITY OR TOWN (If outside corporate limits, NEAR write RURAL and give nearest town). Westminster W. FRIENDSHI Passing to d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	IN 1b c. CITY OR TDWN (If outside corporate limits, write RURA Pikesville	AL and give nearest town)
- 3 T	Balto, Nat. Pike 15 miles W. of Ho	oward 205 Brightside Ave.	e IS RESIDENCE ON A FARM? YES NO
dea ve Pa vith	3. NAME OF First Mcdoun DECEASED (Type or print) WILLIAM WATSON	PAPE SR. DEATH Novemb	
haurs after Item 18. Giv Office alang I and 2 with ir death.	Male White WIDOWED DIVORCE	lost birthdoy)	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	14. MOTHER'S, MAIDEN NAME	COUNTRY?
wit year	Charles V. Pape	Many Mest Address	S. O. Lanie Wed No.
ld be executed rd "pending" in Chief Medical E transit permit. F event within 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	550 Mas Grace M. Style 30	5 Brightail and
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia Hyper DUE TO	dyensite/Cardiovaschlar/Disease	ONSET AND DEATH
This certificate shauld cate, writing the ward be forwarded to the Che used as a burial-transment, and in any every	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. (b) Carbon monoxidate to the cause (b) Carbon monoxidate (c)	ide peisening	
This certific cate, writin be forward be used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
生力 平上	PRIMARY TO OF CONTRIBUTING While in	OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
sh fig 33.5	20c. TIME OE INJURY Month, Day, Year 10 Hour on 7 1967 While at work at work		(County) (State) adship Heward Md
- S 6	21. I certify that I tack charge af the remains described a death resulted from: Natural couses Accident	, Suicide , Homicide , Undetermined ma	iry, ond in my opinion Inner
O DEPUTY MEDICA necessary, please es the funeral director. S may be retained of FUNERAL DIRECTOR.	SIGNATURE ELWOND + WISO	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
necessary, the funeral S may be roof FUNERAL Health prid	EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 230. BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM		vember 8, 1967 (County) (State)
OF # SOF	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEM 24. FUNERAL DIRECTOR 23c. NAME OF CEM ADDRESS	Sown legnoten Mosesdla	SISTRAR'S SIGNATURE
6M 1/67	grank H. Newell bukes	4668, MOATE 100 14 1000	marles Judge

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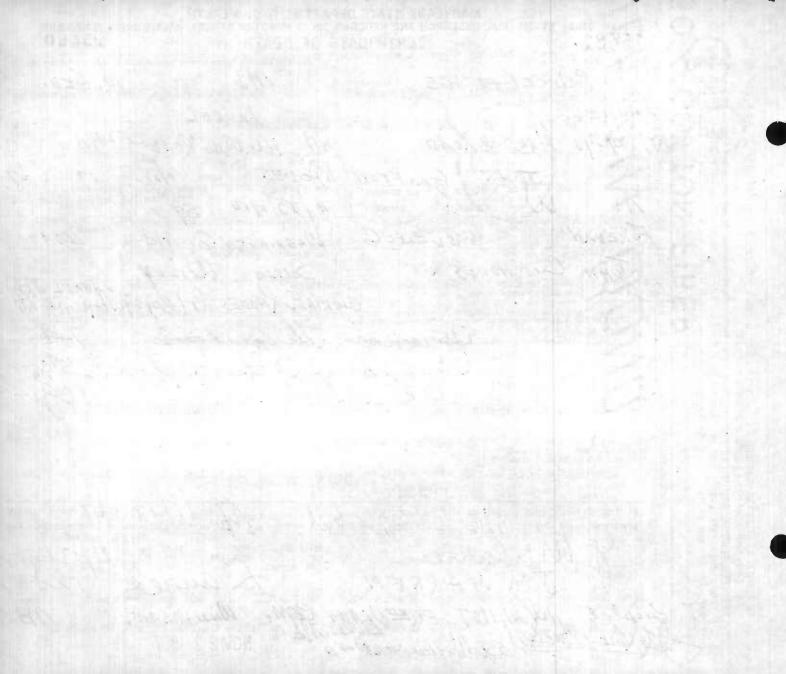
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Maryland b. COUNTY Howard MARYLAND he funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b y delay is necessal and 3 to the fune 43. Page 5 may Departme Woodbine Woodbine d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES: Florence Rd. Florence Rd. NO DATE NAME OF First Middle Last 4. Month Day Year DECEASED November 11 19 67 2,2 PHEBUS DEATH (Type or print) CHARLES LEROY with 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS after death. If 8. Give Pages 1, ong with form DATE OF BIRTH 8. NEVER MARRIED last birthday) | Months | Days Z X Male White WIDOWED | DIVORCED l and event 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? USA \neg Route salesman Wartland AL EXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Gishould be forwarded to the Chief Medical Examiner's Office along pages 1 in any Newspaper 13. FATHER'S NAME MOTHER'S MAIDEN NAME Annie Warfield File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Annie permit. removal, Phebus Woodbine Md. 26 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or Self-inflicted shotgun wound of heart instant DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a l underlying cause last, PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY ICATION PERFORMED? NO PC YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 3 should lagent, pri Self-inflicted by shotgun

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) MEDICAL 20c. TIME OF INJURY Month, Day, Year 11 Hours a.m. 11/11 167 (County) (State) Not While While at work Woodbine, Howard, Md. designated Home at work Pa 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and in my opinion files. FUNERAL DIRECTOR: Undetermined manner Accident Suicide X. Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER Your 4 execute . Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER & Clarksville, please ex director. retained NAME (Type) Charles S. Whitaker, M.D. Address (Street, city, town, or county) Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 0 REMOVAL (Specify) Popular Springs Popular Springs, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md. VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY after b, CITY OR TOWN (if outside corporate limits, MARYLANO c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) AUR d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) d.STREET ADDRESS e. IS RESIDENCE ON A FARM? within with carbon NAME OF First etel Middle Last Month Day DECEASEO OF DEATH event. comple (Type or print) 19 executed 6. COLOR OR RACE OATE AGE (In years | IFUNDER 14 EAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIEO OF BIRTI Months I Days Hours and any WIOOWEO DIVORCEO [physician n please r = 1Da. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) during most of working the, even if retired) and COUNTRY? certificate removal, FATHER'S_NAME MOTHER'S MAIDEN NAME attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMAD FORCES? 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) the 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OEATH à PART I. OEATH WAS CAUSED BY: attending physician. n signed b burial-trar burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to Immediate the r DUE TO cause (a), stating the prior underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health certificate CATI PERFORMEO? NO T YES the hospital PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 2De, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Not While 19 at work at work P Je retain.

DIRECTOR:
Te 3 short 21. I certify that (!) (this hospital) attended the deceased from that (I) (we) last 19 saw the deceased alive on and that death occurred at 2.22M, from the causes and on the date stated above. 22a. SIGNATURE OATE SIGNED 22b. page ATTENDING STAFF OURECTOR PHYS. M.D. PHYS. FUNERAL PHYSICIAN'S 22C. 22d. AOORESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15482

CERTIFICATE OF DEATH

per personal										
voeral Tond Fond er death		PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STAMaryland b. COURBALTINOTE					
by the Pages		write RURAL and Ellicott	outside corporote limits, give nearest tawn)	100	LENGTH OF STAY II		c. CITY OR TOWN (If or Rural Be	utside corporote limit altimore	s, write RURAL ond giv	re neorest town)
filled in 24 ho		Shaffer!	L DR INSTITUTION (If not i	in hospitol, give	reat, Inc	;	d. STREET ADDRESS 3507 Hil	lsmere Rd	. 21207	e. IS RESIDENCE ON A FARM? YES NO
pletely t carbon ent, with		NAME OF DECEASED (Type or print)	Clara		Belle Middle	Ru	tter	4. DATE OF DEATH	November November	8 Year
executed wand campletel remave carbinany event, v	S.	emale	6. COLOR OR RACE White	7. MARRIED WIDDWED	NEVER MARRIED DIVORCED		Dec. 8, 18	9. AGE (lost	In yeors IF UNDER Months yrs.	Days Hours Min.
icate be ex sician and please rem II, and in an	10o duri	USUAL OCCUPATION	(Give kind of work done green if retired)	10b. KIND INDUS	OF BUSINESS OR TRY		11. BIRTHPLACE (County Baltimore	& Stote, or foreign coop, Marylane		DUNTRY? U.S.A.
h certifica ling physic Then ple remaval, c	13.	FATHER'S NAME JamesK.	S.Kemp				14. MOTHER'S MAIDEN Isabel	NAME Le G. Mui:	r	
ie death certificate t attending physician permit. Then please an, ar remaval, and			IN U.S. ARMED FORCES? If yes give wor or dotes of s		AL SECURITY NO.		FORMANT rles Kemp l	Rutter 3	Address 507 Hillsm Balto M	ere Rd
requires that the death certificate be executed within 24 hours g physician. In signed by the attending physician and campletely filled in by the burial-transit permit. Then please remaye carbon peners. Pa a burial, crematian, ar remayal, and in any event, within 72 hours			couse (o), ()	Arterio	oronary		usion Ediovascula			ONSET AND DEATH
The law or attending to has been use as the alth priar to	CATION	PART II. DTHER SIG	NIFICANT CONDITIONS CON		EATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PA	ART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
rsician aspital c certificat ned far t. af He	CERTIFI	20o. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Port II of it	lem 18.)	
IG PHY the ha r this c detach te Dept	MEDICAL	20c. TIME OF INJUI Hour o.m.	10	20d. INJUR While of work	Y OCCURRED Nat While of work		E DF INJURY (Home, farm ry, street, office bldg., etc.		or town) (Co	ounty) (Stote)
iTENDIN ained by IOR: Afte hauld be th the Sto		21. I certify that (I) this tropical) attended the deceased fram February, 19 66, to November, 1967, that (I) (we) last saw the deceased alive on October 25 19 67, and that death accurred at 10 2 P. M, from causes and an the date stated above.								
OR A PECTIFICATION OF A SECTION		220. SIGNATURE	ellard f	Tasta	12	M.D.	1117 5.	MED. S	STAFF 22b. D	ATE SIGNED 1/10/67
- AL		22c. PHYSICIAN'S NAME (Type)	Dr. Millar						Road Balt	o Md.
TO HOSPITA Page 4 may TO FUNERAL director, pc	1	BURIAL, (REMATION REMOVAL (Specify) Beercaf	0 11/11	OF 67 6	3c. NAME OF CEME	ERY OR	Park	23d. LOCATION	eto.	(County) (Stote)
VR A15 (4) 25M 1/67	0	Zung	Byers &	7280	ADDRESS	ty o	Del 250. REC'I	NOV 14	967 REGISTRAR'S	signature Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15483 CERTIFICATE OF DEATH 15482 death. ORG PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Howard a. COUNTY a. STATE Howard Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural - Mt. Air; c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Rural - Mt. Airv d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊆ event, within 72 YES NO R.F.D. # 3 R.F.D. # 3 NAME OF Middle 4 DATE remove carban Year Dov DECEASED Willard 19 67 (Type ar print) Ray Smith November 29 DEATH S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours and in any Feb. 20.1893 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please Farmer Mt. Airv. Md. USA Own farm 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, David W. Smith Alice V. Dav 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service ar 216-09-9030 No Mrs Alice M. Smith Ttem 2 crematian, 18. CAUSE OF DEATH (Enter only one cause per per for (n), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSE AND DEATH burial-transit IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stoting the underlying couse the with the State Dept. af Health priar to has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION YES F NO **DIRECTOR:** After this certificate lar 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Stote) factory, street, affice blda., etc.) Not While ot work 21. I certify that (I) (this heselful) attended the deceased fram Clarks 5, 1967, ta 100 - 29, 1967 that (I) (tag lass saw the deceased alive an 100 - 39, 1967, and that death accurred at 2:10 A fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR mea 22d ADDRESS RHY9ICIAN'S O FUNERAL NAME (Type) James P. Kerr, M.D. Damascus, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify)
Burial Dec. 1,1967 Pine Grove Mt. Airy, Md. 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR Olin L: Molesworth, Damascus, Md. Milania 1967 DATE DEC 5

setting to perform the opening 7881 1.034 T. LEG ... 1987.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 75484 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HOWARD o. COUNTY o. STATE MARYLAND delay b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 months Rural Jessup Rural Jessup permit. File pages land 2 with the State Depa d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET AODRES 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm ON A FARM Box 86 Carroll Heights Ave. Box 86 A Carroll Heights Ave. in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle First Lost 4 DATE DECEASED 30 Louise Hebron Wood (Type or print) DEATH S. SEX IF UNOER 1 YEAR B. OATE OF BIRTH 9. AGE (In years IF UNOER 24 HRS 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO last hirthdoy) Dovs Hours 9-6-1876 after death. WIOOWED TO DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY Virginia housewife home 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME haurs Marsha Robinson Isaac Atkins Jessup Address Box 86 A 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) Nettie Taylor Carroll Heights Ave 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Cerebral Hemorrhage burial-transit PART I. OEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) Arteriosclerotic Vascular Disease with Hypertension 5 yrs. writing the ward OUF TO any Conditions, if ony, which gove rise to immediate couse (a), = **OUE TO** stoting the underlying couse 0 pup 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) execute the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) While of work of work foctory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [8], Inquiry [8], ond in my opinion FUNERAL DIRECTOR: Noturol couses Accident [Suicide | Undetermined monner | deoth resulted fram: funeral directar. retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-30-67 DEPUTY MEDICAL EXAMINER Health | may GEORGE E. BURGTORF M.D. Address (Street, city, town, or county) NAME (Type) the BURIAL REMATION 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (Stote) 50 REMOVAL (Specify) 24 FUNERAL OIRECTOR A15ME (5) 1967

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